

STATE INSTANT DEPOSIT PROGRAM ENROLLMENT

Completion of this form is voluntary, however, its completion will assist in accurately enrolling customers in the State Instant Deposit Program.

☐ First time set up on ACH☐ Change of account information**SECTION I****Completed by local government**

Name of Payee

Street Address / P.O. Box

City, State, Zip Code

Select Either Option A or B☐ **OPTION A** - Deposit in Named Depository

Depository Name

Account Number

Branch (if any)

City, State, Zip Code

When completed, mail or take to your financial institution☐ **OPTION B** - Deposit in Local Government Pool

Local Government Pool Depositor Number

Sub-Account Number to be used

When completed, mail to: The Office of the State Treasurer
P.O. Box 7871
Madison WI 53707-7871

I hereby authorize the State of Wisconsin, hereinafter called **State**, to deposit directly to the organization's demand account at the depository named above **or** the Local Government Pooled Investment Fund administered through the Office of the State Treasurer, hereinafter called **Depository**, to credit same to such account. The **State** is authorized to verify data directly with the **Depository**. I also authorize the State of Wisconsin to make debit adjustments to the same account to correct problems or errors. This authority is to remain in full force and effect until the **State** has received written notification from this organization to change the designated **Depository** in such time and in such manner as to afford **State** and **Depository** a reasonable opportunity to act on it.

Name - Treasurer (Type or Print)

Title

SIGNATURE - Treasurer

Date - Signed

Name - Deputy Treasurer (Type or Print)

Title

SIGNATURE - Deputy Treasurer

Date - Signed

NOTE: Attach a DEPOSIT TICKET or CANCELED CHECK used for the above account or copy thereof

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SECTION II

Completed by the financial institution

The State of Wisconsin's Instant Deposit Program is an electronic payment system designed to promptly and efficiently disburse funds using the Automated Clearing House (ACH). As part of the program, the State will begin sending ACH credits to the above customer. To help ensure that this process goes smoothly, we are asking that you review for accuracy the financial institution information which your customer supplied us. The ACH payments will be coming in the CCD+ format. This means there will be remittance information electronically transferred in addition to the payment amount. Please advise your customer of the options your financial institution offers for conveying this remittance information; e.g., hardcopy or electronic delivery and the timing of these options. Show your customer where the ACH credit will appear on the bank statement.

Your signature below confirms that the above-named payee provided the correct account and routing number for their account. Your signature also confirms that the financial institution agrees to receive and deposit the payment identified above.

Name - Financial Institution

Street Address / P.O.Box - Financial Institution

City, State, Zip Code

Routing Number (ABA Transit Number) - - - - - - - -

Depositor Account Title

Name - Sales Support Officer

Title

SIGNATURE - Sales Support Officer

Date - Signed

This completed form should be mail to the State Agency

SECTION III

Completed by the Office of the State Treasurer

The above named local government (see Section I) elects to receive payments from the State Agency named to be deposited into its account in the Local Government Pooled Investment Fund. The Office of the State Treasurer verifies that the Depositor Number and subaccount number are accurate.

Routing Number (ABA Transit Number) 0 7 5 0 - 0 0 0 2 2

Depositor Account Number 1 1 1 8 5 1 1 6 6

SIGNATURE - Office of the State Treasurer

Date - Signed